

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/754,445
		Filing Date	January 9, 2004
		First Named Inventor	JACKSON, JEROME
		Art Unit	Unassigned
		Examiner Name	Unassigned
Total Number of Pages in This Submission		Attorney Docket Number	021827-000500US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Return Postcard PTO/SB/08A and /08B Form 0 Reference Copies
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual	Townsend and Townsend and Crew LLP Robert F. Kramer	Reg. No. 51,242
Signature		
Date	4/22/04	

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Edward Masinas		
Signature		Date	4-23-04

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PATENT
Attorney Docket No.: 021827-000500US

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On 4-23-04

TOWNSEND and TOWNSEND and CREW LLP

By: Edward Masinas
Edward Masinas

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Jerome Jackson et al.

Application No.: 10/754,445

Filed: January 9, 2004

For: SYSTEMS AND METHODS FOR
TREATING ABNORMAL EPITHELIUM
IN AN ESOPHAGUS

Examiner: Unassigned

Art Unit: Unassigned

INFORMATION DISCLOSURE
STATEMENT UNDER 37 CFR §1.97 and
§1.98

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

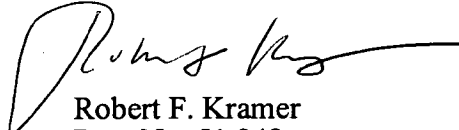
The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. In accordance with 37 CFR §1.98(d), copies of the references can be found in Application No. 09/714,344, now US Patent 6,551,310, issued April 22, 2003 (Attorney Docket No. 021827-000120US), except copies of reference nos. 1-7, 17, 19, 21-22, 28-29, 31, 36, 38-41, 46, 53, 61-62, 64, 67, 70-71, 74, 76-77, 79-80, and 82-85, which can be found in Application No. 10/370,645 (Attorney Docket No. 021827-000130US). It is respectfully requested that the cited references be expressly considered during the prosecution of

this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Robert F. Kramer
Reg. No. 51,242

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Substitute for form 1449B/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet

of

Complete if Known

Application Number	10/754,445
Filing Date	January 9, 2004
First Named Inventor	Jerome Jackson et al.
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	021827-000500US

U.S. PATENT DOCUMENTS+

Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code ² (if known)			
	1	US-2001/0041887 A1	11/2001	Crowley	
	2	US 2002/0013581	01/2002	Edwards, et al.	
	3	US 2002/0183739	12/2002	Long	
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	5	US-2002/0143325	10/2002	Sampson, et al.	
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		Number Kind Code ² (if known)			
	40	US-5,836,874	11/1998	Swanson, et al.	
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	79	US-6,448,658 B1	12/2002	Long	
	80	US-6,454,790	09/2002	Nueberger, et al.	
	81	US-6,464,697 B1	10/2002	Edwards, et al.	
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FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. ¹	Foreign Patent Document			Publication Date MM-DD- YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ²
		Country Code ³	Number ⁴	Kind Code ⁵ (if known)				
	85	WO	WO 99/42046		08/1999			<input type="checkbox"/>
	86	WO	WO 99/55245		11/1999			<input type="checkbox"/>
	87	WO	WO 00/59393		10/2000			<input type="checkbox"/>
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